

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43280

1. Entity Name

FLORIDA COUNCIL FOR VISION AWARENESS, INC.

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90018 007 ****61.25

Principal Place of Business

Mailing Address

C/O MARK D. LANDRETH
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

C/O MARK D. LANDRETH
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3069874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDRETH, MARK D.
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME FOREMAN, SANDRA
STREET ADDRESS RT 8 BOX 838
CITY-ST-ZIP LAKE CITY FL 32055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME PEARL, MARY ANNE
STREET ADDRESS 1471 NW 113 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME GRIMSHAW, B J
STREET ADDRESS 3860 PONTE VEDRA CT
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME BOYLE, KAREN
STREET ADDRESS 209 ASHBORNE CT
CITY-ST-ZIP MELBOURNE FL 32940

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BRAUSS, SANDRA
STREET ADDRESS 520 NE 30TH ST
CITY-ST-ZIP WILTON MANOR FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STERN, FLORENCE
STREET ADDRESS 8732 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)